



APPLICATION FOR APARTMENT-IN-HOUSE REGISTRATION
THE MUNICIPALITY OF CLARINGTON
PLANNING SERVICES DEPARTMENT

1 OWNER/AGENT

	REGISTERED OWNER	AGENT
Contact Name:		
Company:		
Mailing Address:		
Phone:	()	()
Fax:	()	()

2 PROPERTY DESCRIPTION

Municipal Address:		
Lot:	Concession:	Township:
Legal Description:		
Dimensions: Frontage:	Depth:	Area:
Date Property Acquired:		
Are there any easements or restrictive covenants affecting the subject or retained lands? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please describe: _____ _____		

3 DESCRIPTION OF SECOND UNIT:

3.1 Length of time second unit has been in existence: _____

3.2 Location of Unit

Basement Main Floor Second Floor Attic

Other (describe): _____

3.3 Total Floor Area of Second Unit: _____

4 AGREEMENT BY APPLICANT:

Name: _____

Signature: _____

Date: _____

LAND OWNER'S AUTHORIZATION FORM

I, _____
Name of Land Owner (Please print or type)

Address of Owner

Being one of the registered owners of the subject lands, hereby authorize:

Name of Applicant (Please print or type)

Address of Applicant

to prepare and submit this application on my behalf.

Signature

Date: (dd/mm/yy)

5 CONSENT OF OWNER

5.1 Complete the consent of the owner concerning personal information set out below (or the written authorization of each owner in the case of shared ownership).

CONSENT OF THE OWNER TO THE USE AND DISCLOSURE OF PERSONAL INFORMATION

I, _____

am the registered owner of the land that is the subject of this application for approval of this planning document and, for the purpose of the **Freedom of Information and Protection of Privacy Act**, I authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the **Planning Act** for the purposes of processing this application.

Date

Signature of Owner



APPLICATION FOR APARTMENT-IN-HOUSE REGISTRATION
THE MUNICIPALITY OF CLARINGTON
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FOR MUNICIPALITY OF CLARINGTON USE ONLY:

Before July 14, 1994	<input type="checkbox"/>	After July 14, 1994	<input type="checkbox"/>
Emergency Services Department	<input type="checkbox"/>	Building Department	<input type="checkbox"/>
Building Department Compliance		_____	
		(signature)	

		(date)	

IMPORTANT NOTES

THIS APPLICATION WILL NOT BE ACCEPTED OR PROCESSED UNLESS:

1. All sections of the accompanying application form are completed.
2. Three (3) copies of the lot survey showing parking spaces are attached.
3. Three (3) copies of floor plans for primary residence and apartment-in-house are attached.
4. Proof of the length of time the apartment has existed must be provided by means of cancelled rent cheques, affidavit of tenant with corroborated data, etc.
5. Appendix #1 illustrates the application process and is provided for your convenience. Keep the appendix in your file for future reference.
6. The applicant is required to produce and provide alternate formats of all plans, drawings and reports, if necessary, in a timely manner at no additional cost, as per the *Accessibility for Ontarians with Disability Act 2005, Ont. Reg. 429/07*.

NOTE: A **non-refundable** application fee of \$54.00 (plus H.S.T.) is due at time of application. An additional \$54.00 (H.S.T. included) is due at time of final registration. Cheque, cash or money order shall be made payable to the Corporation of the Municipality of Clarington.

APPLICATION PACKAGE MUST BE SUBMITTED TO:

Planning Services Department
Municipality of Clarington
40 Temperance Street
Bowmanville, Ontario L1C 3A6
Phone: (905) 623-3379 Toll Free: 1-800-563-1195
Fax: (905) 623-0830

DURHAM REGION HEALTH DEPARTMENT APPLICATION FEE

EFFECTIVE APRIL 6TH, 1998

The Municipality of Clarington has been requested to collect, on behalf of the Durham Region Health Department, a “User Fee” as noted, at the time an application is filed with the Municipality.

The application fee (paid by separate cheque to the Durham Region Health Department) will be forwarded to the Durham Region Health Department when the application is circulated for their review and comments.

DURHAM REGION HEALTH DEPARTMENT
PRELIMINARY ANALYSIS

TYPE OF APPLICATION	FEE
Minor Variance.....	\$225.00
Official Plan Amendment.....	\$225.00
Zoning By-law Amendment – Rezoning.....	\$225.00
Apartment-in-house	\$225.00

MUNICIPALITY OF CLARINGTON
PROCESSING PROCEDURE

If an apartment-in-house was built before July 14, 1994:

- An inspection to ensure compliance with the Ontario Fire Code is required.
- Upon inspection, a compliance letter will be forwarded to the Planning Services and Engineering Departments. If upgrades or renovations are needed, the Engineering Department will determine if a building permit will be required. It is the applicant’s responsibility to apply for a permit and ensure all the requirements are met to satisfy the Building Permit Approval process.
- The Planning Services Department may issue a Certificate of Registration for an apartment-in-house when all commenting agencies are satisfied and the registration fee is paid.

If an apartment-in-house was built after July 14, 1994, or if a new apartment-in-house is proposed:

- A building permit will be required. It is the applicant’s responsibility to apply for a permit and ensure all the requirements are met to satisfy the Building Permit Approval process.
- The Planning Services Department may issue the Certificate of Registration for the apartment-in-house when all commenting agencies are satisfied and the registration fee is paid.